

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*64/56,000-4*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		2					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20	/						70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		2					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30	/						80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						

**BEST AVAILABLE COPY**